

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)				SERIAL NO. 09/830876	FILING DATE
				APPLICANT(S)	
CLAIMS					
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
TAL	S				
TAL	12				
TAL	17				
FALL LIMS	2,2				
D-1260 (5-78)					